

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90066 014 ***138.75

DOCUMENT # M99000000712

1. Entity Name
GLOBE WIRELESS, LLC



Principal Place of Business
**550 PILGRIM DRIVE
FOSTER CITY, CA 94404**

Mailing Address
**1571 ROBERT J. CONLAN BLVD
PALM BAY, FL 32905**

60007637



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2165183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75

After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JONES, KENNETH E
1571 ROBERT J CONLAN BLVD
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLANK, RAN
1571 ROBERT J CONLAN BLVD
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FABRIKANT, CHARLES L
1571 ROBERT J CONLAN BLVD
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
~~LENTHALL, RODNEY~~ *DUMOULIN, RICHARD*
1571 ROBERT J CONLAN BLVD
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AYIS, GREG
1571 ROBERT J CONLAN BLVD
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PRIEST, WILLIAM
1571 ROBERT J CONLAN BLVD
PALM BAY, FL 32905**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-30-08